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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/658,164	
	Filing Date	September 9, 2003	
	First Named Inventor	Randal Schapangh	
	Art Unit	1743	
	Examiner Name	Jan M. Ludlow	
Total Number of Pages in This Submission	12	Attorney Docket Number	PHA-00373.US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <i>Prelim</i> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mary J. Hosley, Reg. No. 48,324
Signature	<i>Mary J. Hosley</i>
Date	June 3, 2005

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Valerie Schipper		
Signature	<i>Valerie L. Schipper</i>	Date	June 3, 2005

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**PATENT**/Docket No. PHA-00373

Serial No. 10/658,164

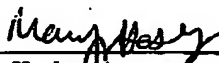
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Claims 3-4, 12, 18, 25, 26, 28, and 33-34 are to be canceled. Applicants reserve the right to reinstate any canceled claim within the pending application or any subsequently filed application.

The amendments provided herein do not expand the scope of the application as filed. The preliminary amended is being filed before PAIR has indicated any office action has been issued. Acceptance of the preliminary amended is requested.

It is believed that no additional fee is required for the new claims due to some of the original claims being canceled. However, please charge any fees, and credit any overpayments to Deposit Account 21-0718.

Respectfully submitted,

  
\_\_\_\_\_  
Mary J. Hosley, Attorney  
Registration No. 48,324

Date: \_\_\_\_\_

3 June 2005

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